FORM D OMB APPROVAL UNITED STATES 3235-0076 SEGURITIES AND EXCHANGE COMMISSION OMB Number: Washington, D.C. 20549 Expires: May 31, 2005 Estimated average burden FORM D SEC USE ONLY NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, Prefix Serial SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Sale of Common Stock and Series A Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 **Rule** 506 Section 4(6) ULOE Type of Filing: New filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer. Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) inSilica, Inc. Telephone Number (Including Area Coue) Address of Executive Offices (Number and Street, City, State, Zip Code) 3945 Freedom Circle, Suite 1050, Santa Clara, CA 95054 (408) 919-9900 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

Brief Description of Business

FEB 50 3004

Designs, develops, manufactures and markets various silicon wireless communication, video and networking products.

Type of Business Organization

Corporation

Imited partnership, already formed

other (please specify):

limited partnership, to be formed

pecify):

Actual or Estimated Date of Incorporation or Organization:

Month
Year

August
2002

Jurisdiction of Incorporation of Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Actual

Estimated

n: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction)

### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, and the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are

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A. BASIC IDENTIFICATION DATA									
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or to direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Agrawal, Anant									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3945 Freedom Circle, Suite 1050, Santa Clara, CA 95054									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Choudhury, Mustafiz									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3945 Freedom Circle, Suite 1050, Santa Clara, CA 95054									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner									
Full Name (Last name first, if individual)									
Dham, Vinod									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3945 Freedom Circle, Suite 1050, Santa Clara, CA 95054									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Dave, Tushar									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3945 Freedom Circle, Suite 1050, Santa Clara, CA 95054									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
New Path Ventures, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3945 Freedom Circle, Suite 1050, Santa Clara, CA 95054									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Kohli, Sanjai  Business or Residence Address (Number and Street, City, State, Zip Code)									
3945 Freedom Circle, Suite 1050, Santa Clara, CA 95054									
(Use blank sheet or copy and use additional copies of this sheet, as necessary.)									

B. INFORMATION ABOUT OFFERING															
1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No ⊠				
Answer also in Appendix, Column 2, if filing under ULOE.															
2.	2. What is the minimum investment that will be accepted from any individual?										5 <u>N/.</u>				
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.</li> </ol>											Yes	No ⊠			
Full Name (Last name first, if individual)															
Business or Residence Address (Number and Street, City, State, Zip Code)															
Name of Associated Broker or Dealer															
States in which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]										ll States					
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		<del></del>
Full Name (Last name first, if individual)															
Bus	iness	or Reside	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ite, Zip Co	de)							
Nan	ne of	Associate	ed Broker	or Dealer											
				d Has Solic individual									□ A	Il States	
[AL [IL] [MT [RI]	"]	[ AK] [ IN] [NE] [ SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (Last name first, if individual)															
Business or Residence Address (Number and Street, City, State, Zip Code)															
Name of Associated Broker or Dealer															
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[MT [RI]	]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		gregate ring Price	Ar	nount Alread Sold
	Debt	\$	-0-	\$	-0-
	Equity	\$10,	140,976.25	\$ 10	),140,976.25
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests	s	-0-	\$	-0-
	Other (Specify)	\$	-0	\$	-0-
	Total	\$10,	140,976.25	\$ <u>1</u> 0	0,140,976.25
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			mber estors	Dol	ggregate lar Amount Purchases
	Accredited Investors		8	\$ <u>10</u>	0,140,976.25
	Non-accredited Investors		-0	\$_	-0-
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the user, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Туре	o of	Dal	lar Amount
	Type of offering		urity	וטע	Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$_	N/A
	Rule 504		N/A	\$_	N/A
	Total		N/A	\$_	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	-0-
	Printing and Engraving Costs			\$_	-0-
	Legal Fees		$\boxtimes$	\$ <u>20</u>	0,000
	Accounting Fees			\$_	-0-
	Engineering Fees			\$_	-0-
	Sales Commissions (specify finders' fees separately)			\$_	-0-
	Other Expenses (Identify)			\$_	-0-
	Total		M	\$ 20	0.000

	C. OFFERING PRICE, NUMBER OF	'INVESTOR	RS, EXPENSES	AND U	SE OF	PROC	EEDS	
	b. Enter the difference between the aggregate offering priction 1 and total expenses furnished in response to Part C - Qu'adjusted gross proceeds to the user."	uestion 4.a. T	his difference is the				\$10,120,976. <sub>2</sub> 2	25
5.	Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any jestimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in response	purpose is not otal of the payr	known, furnish an nents listed must ec	-				
		Payments to Officers Directors, & Affiliates			Payments to Others			
	Salaries and fees		•••••	🛛	\$ <u>500</u> ,	000	S0	
	Purchase of real estate			🗆	\$	0-	S -0-	
	Purchase, rental or leasing and installation of machinery and	equipment		. 🗆	\$	0	S0	
	Construction or leasing of plant buildings and facilities		• • • • • • • • • • • • • • • • • • • •	🗆	\$	0-	S0	
	Acquisition of other businesses (including the value of secur offering that may be used in exchange for the assets or secur issuer pursuant to a merger)	ities of anothe	r	П	\$	0-	□ \$0	
	Repayment of indebtedness				\$		\$0-	
	Working capital	****************			\$	0-	⊠ \$ <u>9,620,976.</u> 2	.5
	Other (specify):		<del></del>		\$	0-		
	Column Totals	-			\$	0	⊠ \$ <u>9,620,976.</u> 2	25
	Total Payments Listed (column totals added)				$\boxtimes$	\$ <u>10</u>	<u>,120,976.</u> 25	
	D. FI	DERAL SI	GNATURE	.,				
foll	e issuer has duly caused this notice to be signed by the undersi owing signature constitutes an undertaking by the issuer to fur uest of its staff, the information furnished by the issuer to any	rnish to the U.S	S. Securities and Ex	change	Commi	ssion, upo	on written	
Íssı	uer (Print or Type) Signatu	ire L	Λ.	7		Date		
inS	ilica, Inc.	nam!	1 sound	<b>/</b>		Februa	ry 6, 2004	
		Signer (Print	or Type)		·			
An	ant Agrawal Preside	ent and Chief	Executive Officer					~.